

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## 59 MDW Urology Produce Line Analysis

Information Brief  
Briefer: LtCol Julian  
Date: 11 Aug 04

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*Integrity - Service - Excellence*

# Overview

- Revised Financing & Business Plan
- San Antonio Multi-Service Market (SA-MM)
- Centralized Consult Management and Appointing (CAMO)
- Urology Product Line Review

# Revised Financing Overview

## Prospective Payment System

- MTF receives PRIME capitation funding for enrollees plus ancillary pass-through and specialty mission funding (e.g. student population, etc.)
  - Use resources to maximize return on investment
- Goal 1: Provide Care of your Prime Enrollees
  - In-house vs. “make vs. buy” to Private Sector
  - MTF responsible for all PRIME care rendered in both direct care and private sector
- Earn Revenue on Fee for Service (FFS) Basis
  - Other MTFs’ Enrollees, Space-A (Active duty and other), Tricare Plus and TRICARE for Life, and MCSC (new)
- Bottom-line: We need to take care of our enrollees and meet our business plan targets;

# Business Plan Overview

## Actual 59 MDW Performance Oct-Apr 04

| RVUs   | IHC      | Other DC | PC     | Total PRIME | Other Enr | SA AD    | SA NAD   | Plus   | Total FFS |
|--------|----------|----------|--------|-------------|-----------|----------|----------|--------|-----------|
| Actual | 226,718  | 14,145   | 48,784 | 289,647     | 70,374    | 63,642   | 42,481   | 93,027 | 269,524   |
| Target | 250,489  | 22,422   | 40,921 | 313,832     | 82,541    | 96,674   | 83,462   | 64,871 | 327,548   |
| Diff   | (23,771) | (8,277)  | 7,863  | (24,185)    | (12,167)  | (33,032) | (40,981) | 28,156 | (58,024)  |
| % Met  | 91%      | 63%      | 119%   | 92%         | 85%       | 66%      | 51%      | 143%   | 82%       |

| RWPs       | IHC   | Other DC | PC   | Total PRIME | Other Enr | SA AD | SA NAD  | Plus  | Total FFS |
|------------|-------|----------|------|-------------|-----------|-------|---------|-------|-----------|
| Actual     | 2,352 | 201      | 295  | 2,848       | 1,700     | 255   | 2,964   | 2,688 | 7,607     |
| Target     | 2,499 | 249      | 321  | 3,069       | 1,830     | 387   | 4,252   | 1,813 | 8,282     |
| Difference | (147) | (48)     | (26) | (221)       | (130)     | (132) | (1,288) | 875   | (675)     |
| % Met      | 94%   | 81%      | 92%  | 93%         | 93%       | 66%   | 70%     | 148%  | 92%       |

➡ Bottom-line: -\$4.3M

- Performance against targets seen differently for PRIME & FFS patients
- FY04 Targets based on FY02 LOE with no adjustments
- Falling short of FY02 FFS LOE

# Business Plan Overview

## Summary

- Internal Business Case Analyses to ensure we're:
  - Doing the right mix in-house care/Take care of PRIME
  - Using our resources to get greatest return on investment
  - Maximize FFS capacity to earn revenue
- Focus on Customer Satisfaction, Access to Care, Productivity, and Data Quality
- Targets of Opportunity
  - Reimbursements
  - Increase enrollment in areas of growing population  
Aggressively referrals in SA MM and Network
- FY05 Business Plan
  - 25% at risk in Year 1 (05)
  - LOE is FY03 less adjustments for mobility & enrollment

# SA-MM Overview

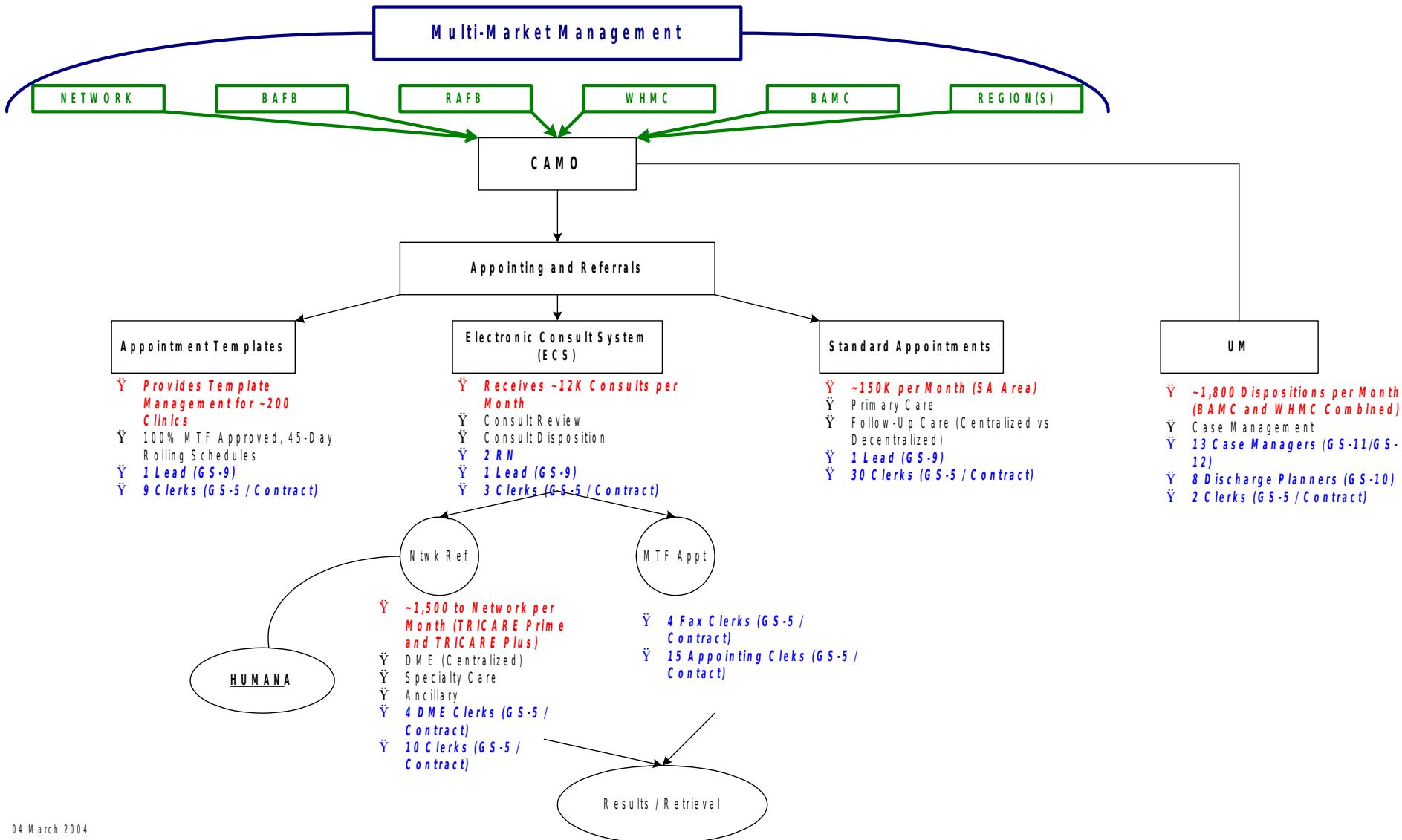
## Goals & Objectives

- San Antonio Multi-Service Market (SA-MM) consists of WHMC, BAMC, Randolph Clinic, and Brooks Clinic
- Goals: Achieve the following desired end states
  - Optimize efficiency between direct and purchased care markets
  - Eliminate duplicate services
  - Increase synergy and cooperation among San Antonio MTFs
  - Ensure patient satisfaction with access and quality service
  - Strengthen Readiness by allocating the appropriate mix of resources
- Objectives
  - Optimize provider mix across specialty lines
  - Move providers and add facility capacity to meet population demands
  - Conduct rigorous business planning for clinical service lines
  - Optimize Third Party Billing, Contracting and Pharmacy
  - Establish a SA-MM Consult, Appointment and Management Office



# CAMO Overview

## Organization Structure



# Urology Product Line Analysis

- Clinic Description
- Manpower and Staffing
- Readiness/Mobility Taskings
- Access to Care
- Template Review
- PRIME Leakage, PSC Use, and Recapture
- Coding Analysis
- Comparison to Civilian Benchmark
- Business Plan Implications
- Third Party Collections
- Urology Initiatives and Issues
- Stoplights

# Urology Clinic Description

- Outpatient Clinic with Inpatient/Surgical Caseload
- Service offered at both WHMC & BAMC
- Integrated Residency Program
  - 2 AF Starts per Year/1 Army start per year (4 year program; PG2-6)
  - 8 Total AF Residents/3 Total Army Residents
    - Total 11 Residents in Integrated Program

# Urology

## GME Program Status

- Residents rotate between WH, BAMC, and the university/VA system.
  - Allows for wide spectrum of clinical and surgical cases
- Last RRC review: 2 Years Ago; 5-year accreditation received
- Problem Areas:
  - Pediatric Uro Numbers - a pervasive problem in this facility (and UT)
    - Residents going to Baylor in Dec 04; incoming UT Peds Urologist will increase local volume in future
  - Staff manpower - major concern now and in the future
    - Currently have 4 full-time/2 part-time urologists - normal staffing is 7 full-time
    - Staff nearing retirement/separation plus fellowship needs
    - Short 2 residents (1 coming on board in Jan 05)
    - Tech (4N0) staffing shortfalls will worsen in future
- Caseload: Good with exception of peds
- OR Starts: Okay
  - Require 10-11 starts per week; currently at 10.5

# Urology

## Manpower and Staffing

| Providers                   | AUTHORIZED |    |       | ASSIGNED |    |   | Total | Staffing |
|-----------------------------|------------|----|-------|----------|----|---|-------|----------|
|                             | MIL        | GS | Total | MIL      | GS | K |       |          |
| 45U3 (including T prefixes) | 4          | 0  | 4     | 45U3     | 3  | 0 | 0     | 3        |
| 45U3X (sub-specialists)     | 2          | 0  | 2     | 45U3X    | 2  | 0 | 0     | 2        |
| 42G3 (P.A.)                 | 0          | 1  | 1     | 42G3     | 0  | 1 | 0     | 1        |
| Total Providers             | 6          | 0  | 7     |          | 5  | 1 | 0     | 6        |
|                             |            |    |       |          |    |   |       |          |
| Support Staff               | AUTHORIZED |    |       | ASSIGNED |    |   | Total | Staffing |
|                             | MIL        | GS | Total | MIL      | GS | K |       |          |
| 46N3 (RN)                   | 0          | 1  | 1     | 4N0X1    | 0  | 1 | 0     | 1        |
| 4N1X1B                      | 8          | 1  | 9     | 4N1X1B   | 6  | 1 | 0     | 7        |
| 4N0X1                       | 0          | 2  | 2     | 4N0X1    | 0  | 2 | 0     | 2        |
| 4A0X1                       | 3          | 2  | 5     | 4A0X1    | 3  | 2 | 0     | 5        |
| 4R051                       | 0          | 1  | 1     | 4R051    | 0  | 1 | 0     | 1        |
| Total Support               | 11         | 7  | 18    |          | 9  | 7 | 0     | 16       |
|                             |            |    |       |          |    |   |       |          |

71%

### By Name:

45Us: **Cespedes** (Flt/CC), **Lynch** (Prog. Dir)  
**Bishoff**

Part-time 45Us: **Bomalski, Sabanegh**

44S3A: **Yerkes, Sexton** (Sep: Sep 04; no replace)

42G3: **Gonzalez**

- >1:1 ratio of support to staff Providers but 4Ns and 4As also support residents (8 AF)
- Staffing will decrease to 4 Full-time when Dr. Sexton separates

# Urology

## Manpower and Staffing (Con't)

- Resource Sharing Agreements and Contractors
  - None
- AFMS-wide staffing outlook:
  - Critically manned throughout AFMS
  - Shortfalls expected to continue in foreseeable future

# Urology Mobility and Other Deployments

- Physician Deployments (based on SGX listing)
  - FY03: Project Athena supporting Lakenheath FY01-FY03 (ended)
  - FY04 Taskings in Turtle Model:
    - 2d surgeon position on EMEDS as sub for general surgeon
    - Urologist added to theater hospital at deployed location; will rotate around AFMS but as 59 MDW is best staffed, tasking may be here
      - Consolidation of service for AFMS to sustain GME?
- Humanitarian and Civic Assistance
  - Awaiting information

# Urology

## Access to Care

- Routine Standard for Specialty Care is within 28 Days
- Urology Actual:
  - Pediatric Urology – 18 days
  - Incontinence Clinic – 5 days
  - General Urology for BMTs – 6 days
  - General Urology for all others – 22 days

- Urology is **meeting/exceeding** standard for Routine Access to specialty Care
- Adjusts being made to maintain access when staffing decreases

# Urology

## Template Review

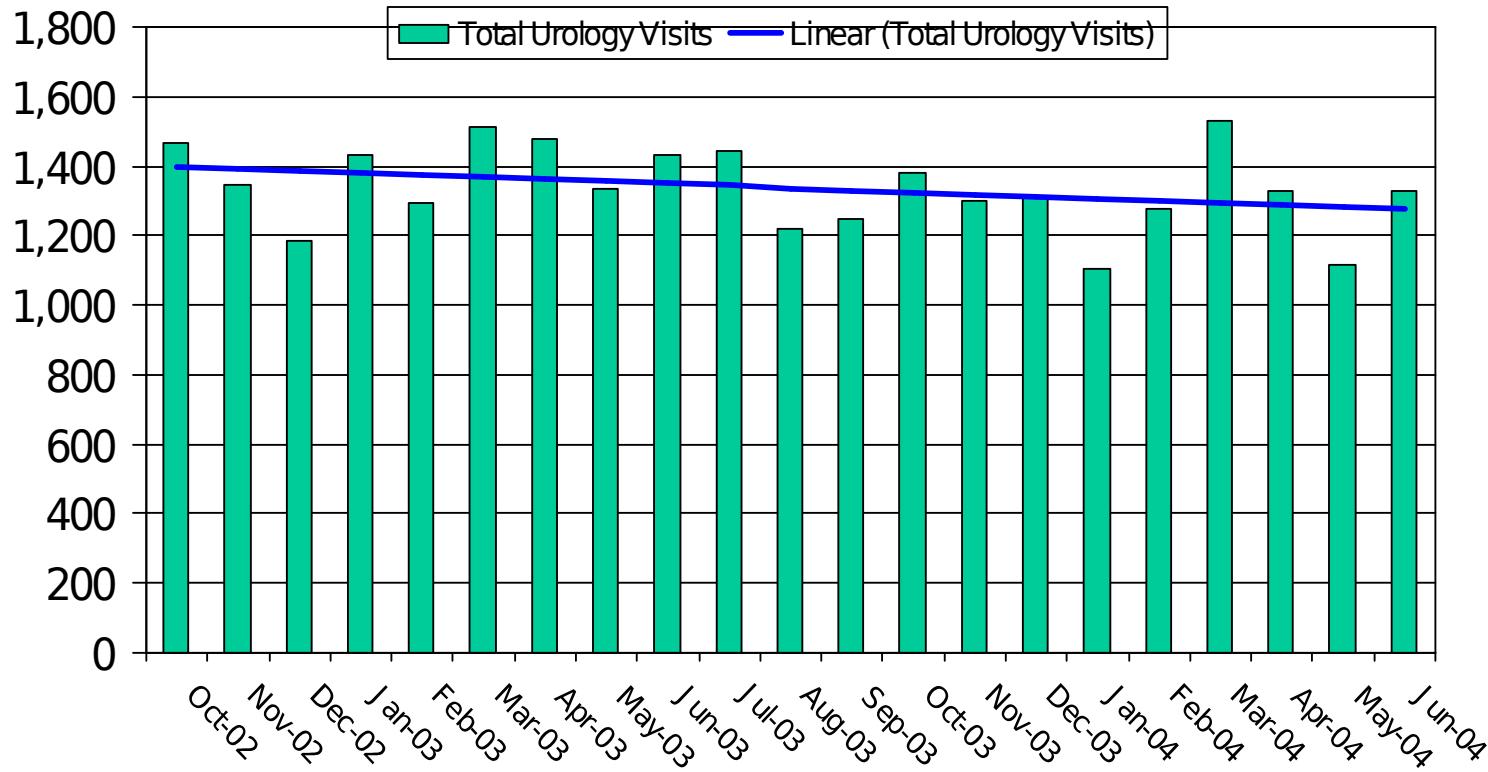
|  | Urology Clinics |           |      |          |      |       |                   |       |
|--|-----------------|-----------|------|----------|------|-------|-------------------|-------|
|  | APV             | Fertility | Inc. | Oncology | Peds | Stone | Urology (General) | Total |
| #Templated Appts                                   | 224             | 16        | 51   | 43       | 69   | 36    | 948               | 1,387 |
| #Booked Appts                                      | 213             | 14        | 46   | 40       | 52   | 30    | 610               | 1,005 |
| % Booked   | 95%             | 88%       | 90%  | 93%      | 75%  | 83%   | 64%               | 72%   |
| #Frozen Templated                                  | 37%             | 0%        | 0%   | 0%       | 0%   | 0%    | 0%                | 6%    |
| #Walk-ins  | 0               | 1         | 0    | 0        | 2    | 0     | 324               | 327   |
| % Walk-ins of Total Seen                           | 0%              | 7%        | 0%   | 0%       | 4%   | 0%    | 35%               | 25%   |
| Total Patients Seen (Booked + W/I)                 | 213             | 15        | 46   | 40       | 54   | 30    | 934               | 1,332 |
| % Patients Seen Over/Under Expectations (Template) | 95%             | 94%       | 90%  | 93%      | 78%  | 83%   | 99%               | 96%   |

- 1,332 patients/month total seen in Jun 04 with 5 Staff providers equals 266 patients/month/staff FTE or 13.3 patients/day/FTE

\* Sample: Jun 04

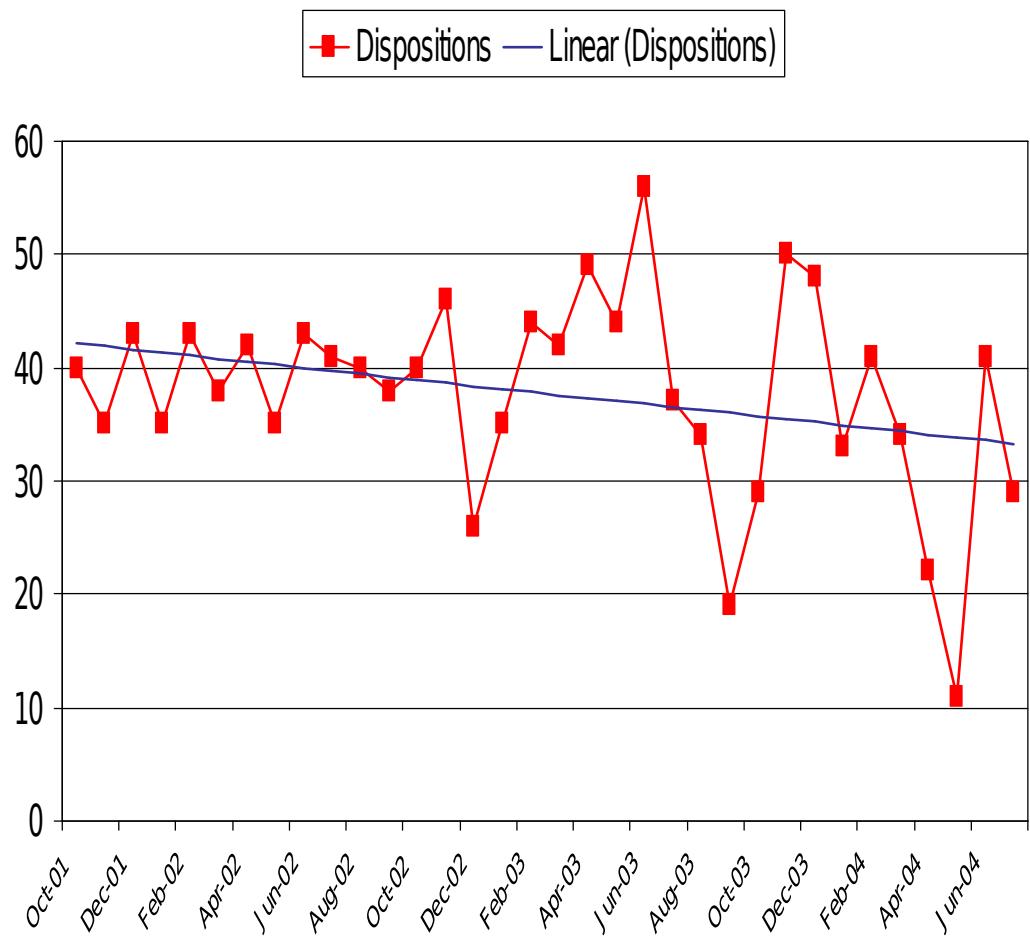
# Urology

## Total Visits Oct 02-Jun 04



- FY04 Avg (to date): 1,298/mo
- FY03 Avg: 1,367/mo
- Change: - 5%

# Urology Inpatient Dispositions FY02-FY04

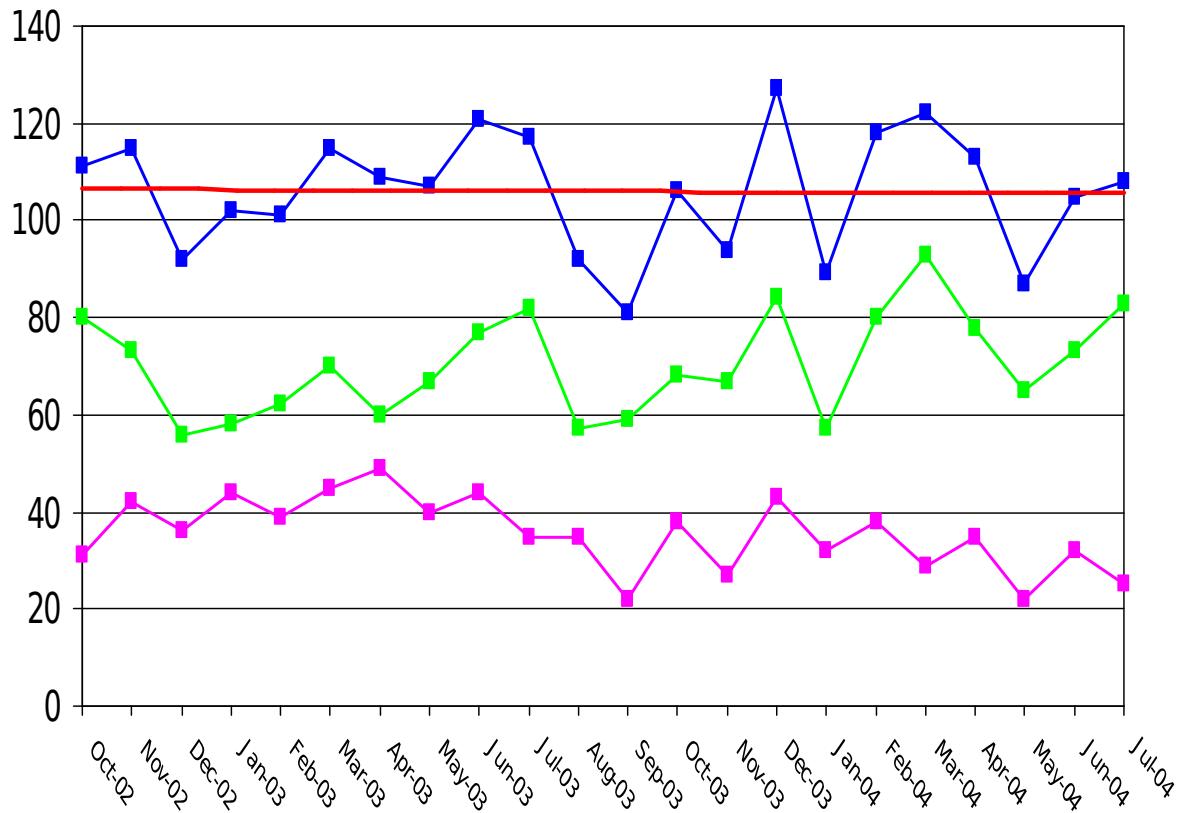


- FY02 is current LOE
- Next year: FY03 LOE
- Dispositions (Avg/mo)
  - FY02: 36.3
  - FY03: 39.3
  - FY04: 33.4

# Urology

## Surgeries and OR/APVs Oct 02-Jun 04

■ Surgeries ■ OR APVs ■ Total ■ Linear (Total)

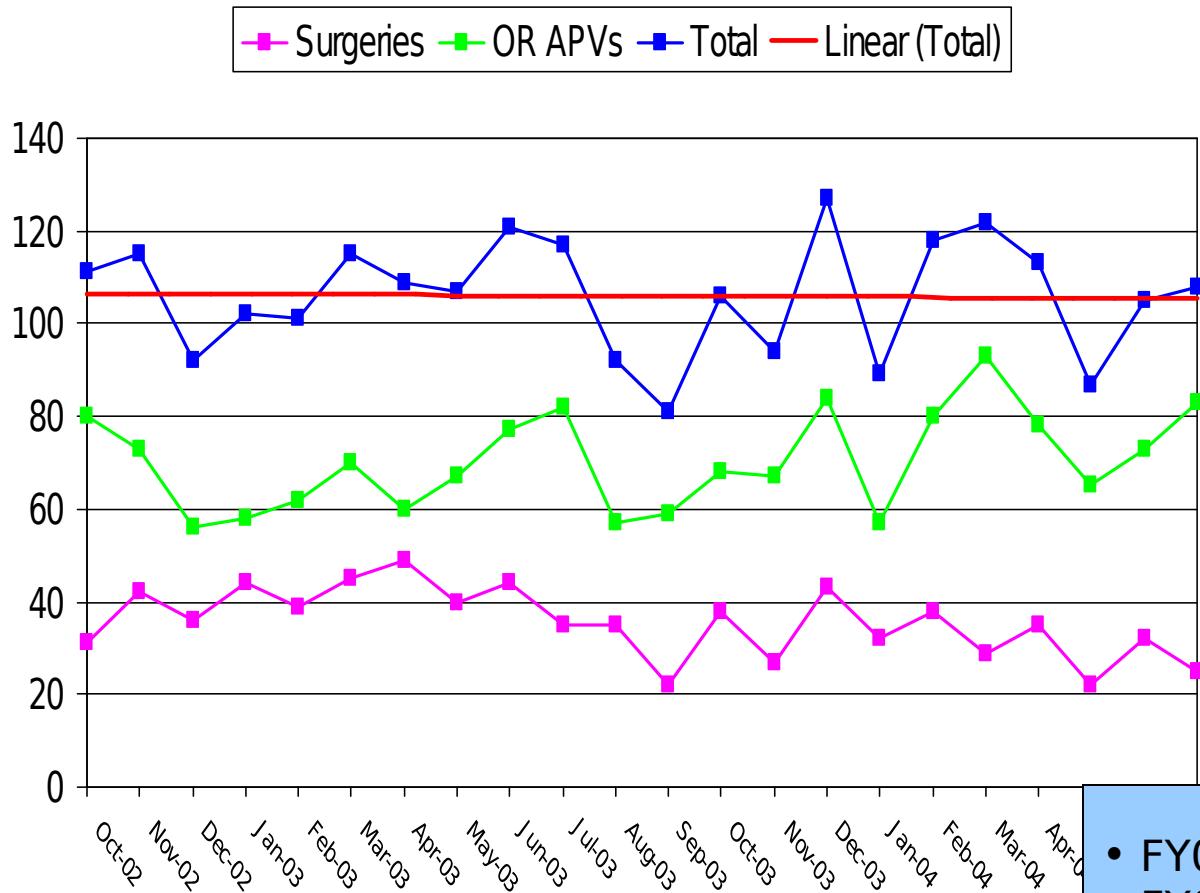


- Avg # Surgeries/mo
  - FY03: 38.5
  - FY04: 32.1
- Avg # OR/APVs/mo
  - FY03: 66.75
  - FY04: 74.8
- Avg \$ Total OR Cases/mo
  - FY03: 105.3
  - FY04: 106.9

- Overall, the number of urology surgical cases has remained steady since Oct 02 even with fewer physicians
  - Avg #/mo increased 2%

# Urology

## Surgeries and OR/APVs Oct 02-Jun 04

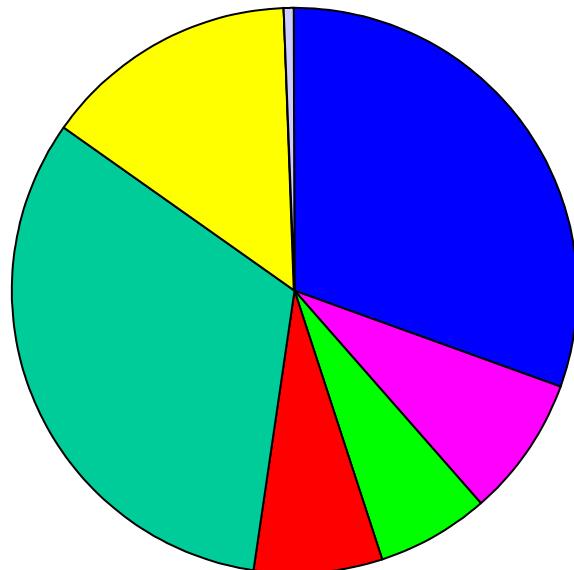


- FY04 Avg (to date): 1,298/mo
- FY03 Avg: 1,367/mo
- Change: - 5%

# Urology

## Visits by Enrollment Category (FY03)

|              |           |         |
|--------------|-----------|---------|
| ■ SAMM PRIME | ■ SAMM AD | ■ SA AD |
| ■ SA Std     | ■ TP      | ■ TFL   |
| ■ Civ Emerg  | ■ Other   |         |

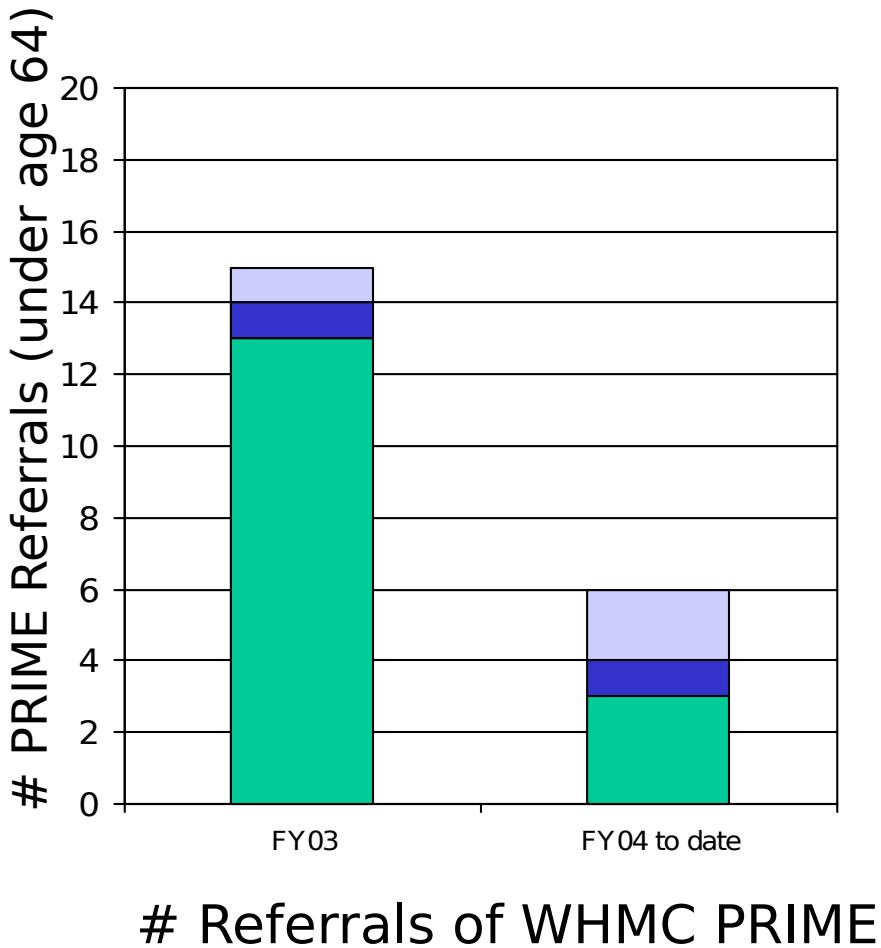


- Total FY03 Users: 6,474
- Total FY03 Visits: 15,579
- Avg: 2.4 Visits per User
  - Plus: 2.8 visits/user
  - PRIME: 2.4 visits/user
  - AD PRIME: 2.0 visits/user
- Total FY03 CMAC: \$908K
  - Avg CMAC/Visit: \$58/visit
  - Plus: \$59/visit
  - PRIME: \$62/visit
  - AD Prime: \$59/visit

- Visits for SAMM PRIME (NAD and AD) and SA AD patients make up 45% of all Urology visits; over age 65 beneficiaries make up 47% of visits
- TP patients have greatest # visits/patient; PRIME<65 visits greatest cost/visit

# Urology

## PRIME Containment & Referrals to Network



\* Months-long delay in real-time info in M2

### **PSC Cost for PRIME to MTFs (FY04)**

Non-Enrolled AD: \$1,238

WHMC PRIME: \$5,180

BAMC PRIME: \$6,752

RAFB/BAFB PRIME: \$1,676

Network PRIME: \$27,748

TRICARE Standard: \$19,465

Total PSC < 65: \$62K to date

FY03 Total: \$109K

- Reasons: Majority for continuity of care, or 2d opinion; only clinical non-availability area was peds urology at 1 each FY03/04

# Urology

## Recapture Opportunities

- WHMC and BAMC have approximately 94.3% of the market share (FY03 Data)
  - WHMC CMAC: \$908K
  - BAMC CMAC: \$891K
  - Purchased Care CMAC (< 65 yrs): \$109K (5.7%)
- FY04 (to date) Private Sector Care Claims:
  - Tricare Standard: \$19.5K
  - Tricare For Life/Tricare Plus: \$124K

• Minimal recapture opportunity for CHAMPUS eligible patients under age 65 who are not enrolled to an MTF

- In FY03, 59 MDW saw 387 TRICARE Std pts for 763 visits at \$60K CMAC in-house

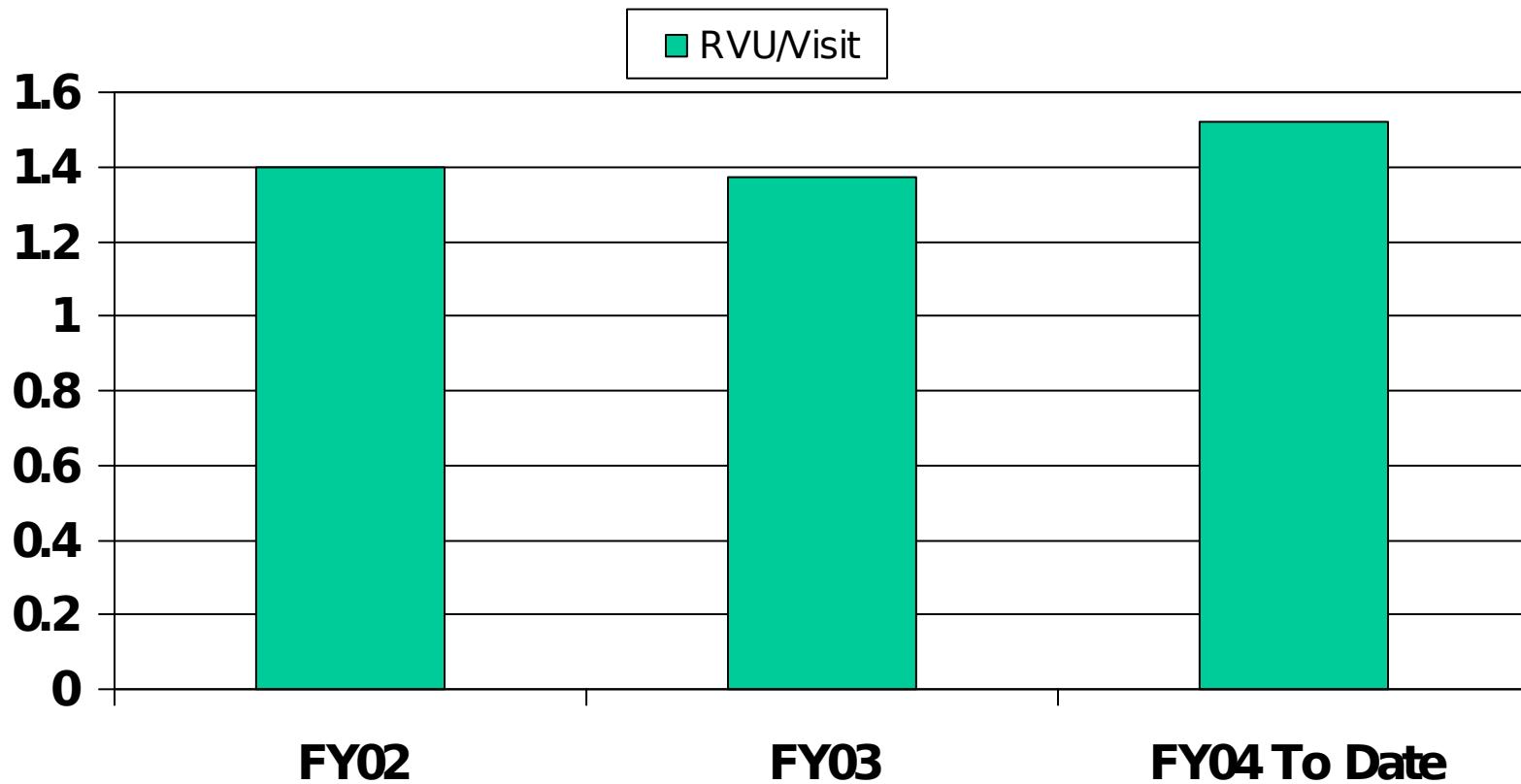
# Urology Coding Analysis

- Coder Situation: 1 coder (outpatient)
- Data Quality\* (Goal: 90% or more)
  - ICD9: 44.8% (Avg: 80.7%)
  - CPT: 100% (Avg: 76.8%)
  - E&M: 45.5% (Avg: 81.3%)

- Exceeds AFMSA standards for CPT and below for ICD9 and E&M

# Urology

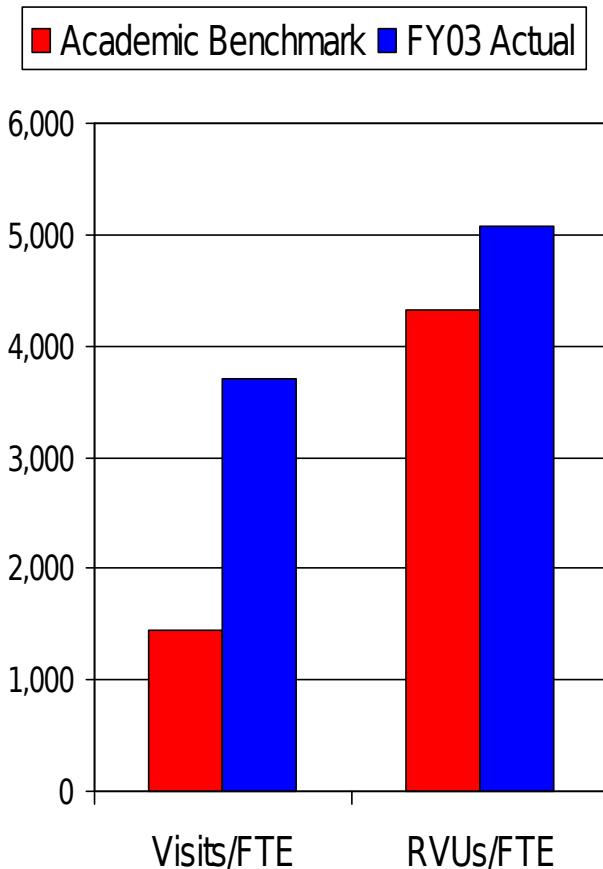
## RVUs/Visit (complexity)



- FY04 WHMC Urology measure of complexity increased 11% Over FY03 and will continue now that urology has a coder

# Urology

## Benchmark Comparison per FTE

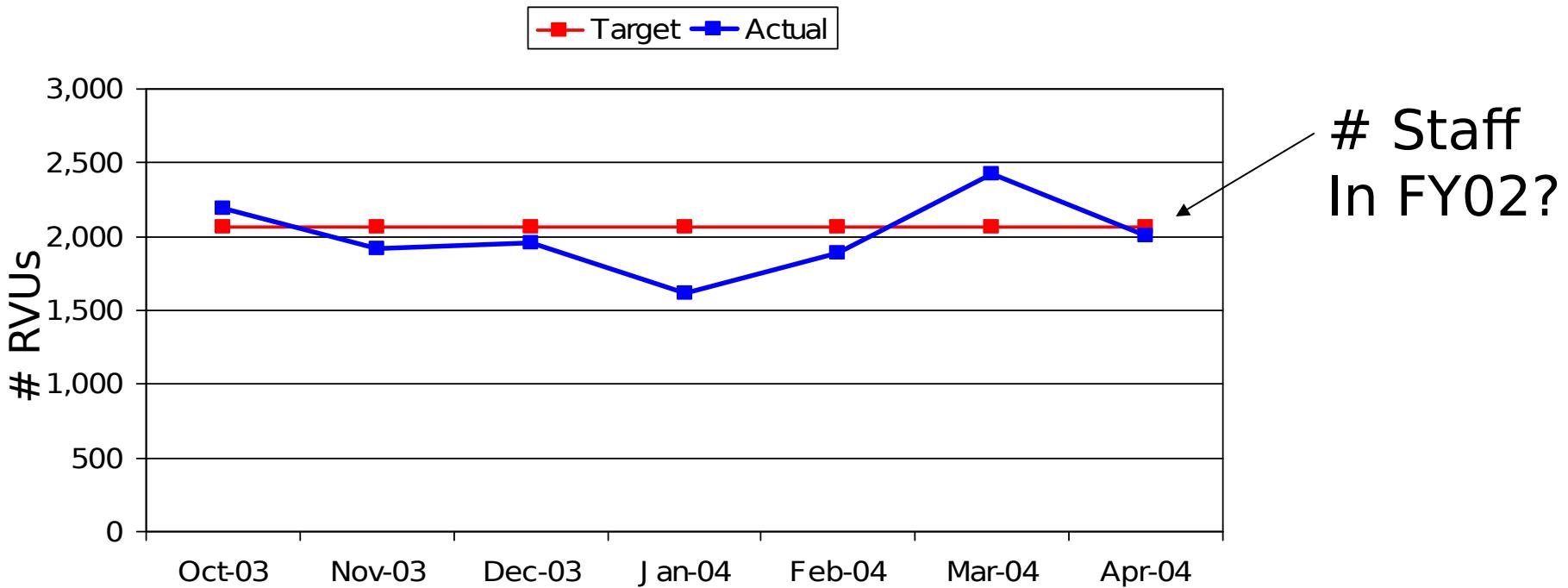


|                                 | <b>1 Staff = 1 FTE</b> | <b>1 Staff = .7 FTE</b> |
|---------------------------------|------------------------|-------------------------|
| #FTEs                           | 6                      | 4.2                     |
| Total FY03 Visits               | 15,579                 | 15,579                  |
| Proj FY04 Visits/FTE            | 2,597                  | 3,709                   |
| Academic Benchmark (visits/FTE) | 1,445                  | 1,445                   |
| % Exceeding Benchmark           | 180%                   | 257%                    |
| FY03 RVUs                       | 21,314                 | 21,314                  |
| RVU/Visit                       | 1.37                   | 1.37                    |
| RVU/VTE                         | 3,552                  | 5,075                   |
| Academic Benchmark (RVU/FTE)    | 4,316                  | 4,316                   |
| % Exceeding Benchmark           | 82%                    | 118%                    |

- Urology staff exceeding academic benchmark for visits/FTE and RVU/FTE at 1FTE = 0.7FTE

# Urology

## Total RVUs vs. BP Target Oct-Apr 04



- Overall RVUs near FY02 LOE(current) for Oct-Apr 04
- FY02 LOE includes more staff MDs
- Good, but Business Plan (BP) looks at RVUs by enrollment category.....

# Urology

## Business Plan Performance Oct-Apr 04

|                   | PRIME  |            |            | Total PRIME | Fee For Service (FFS) |            |            |            | Total FFS |
|-------------------|--------|------------|------------|-------------|-----------------------|------------|------------|------------|-----------|
|                   | IHC    | Other DC   | PSC        |             | Other MTFs' Enrollees | SA AD      | SA NAD     | TP         |           |
| Actual Oct-Apr 04 | 4,344  | 981        | 148        | 5,473       | 1,785                 | 251        | 1,970      | 4,532      | 8,538     |
| Target            | 4,341  | 1,158      | 232        | 5,731       | 1,375                 | 854        | 2,894      | 3,618      | 8,741     |
| Diff              | 3      | (177)      | (84)       | (258)       | 140                   | (147)      | (673)      | 1,398      | 718       |
| % Met             | 138%   | 636%       | 51%        | 95%         | 110%                  | 80%        | 44%        | 170%       | 170%      |
| \$ Implications   | \$ 222 | \$(13,098) | \$ (6,216) | \$(19,092)  | \$ 10,360             | \$(10,878) | \$(49,802) | \$ 103,452 | \$ 53,132 |

|                       | Total     |
|-----------------------|-----------|
| Overall PRIME         | \$ 19,092 |
| Overall FFS           | \$ 53,132 |
| Financial Bottom-line | 72,224    |

- Spent \$19K less than projected on PRIME patients
- Earned \$53K more than projected on FFS patients
- Bottom-line: Impacted 59 MDW overall BP performance by +\$72K in Outpatient care

# Urology

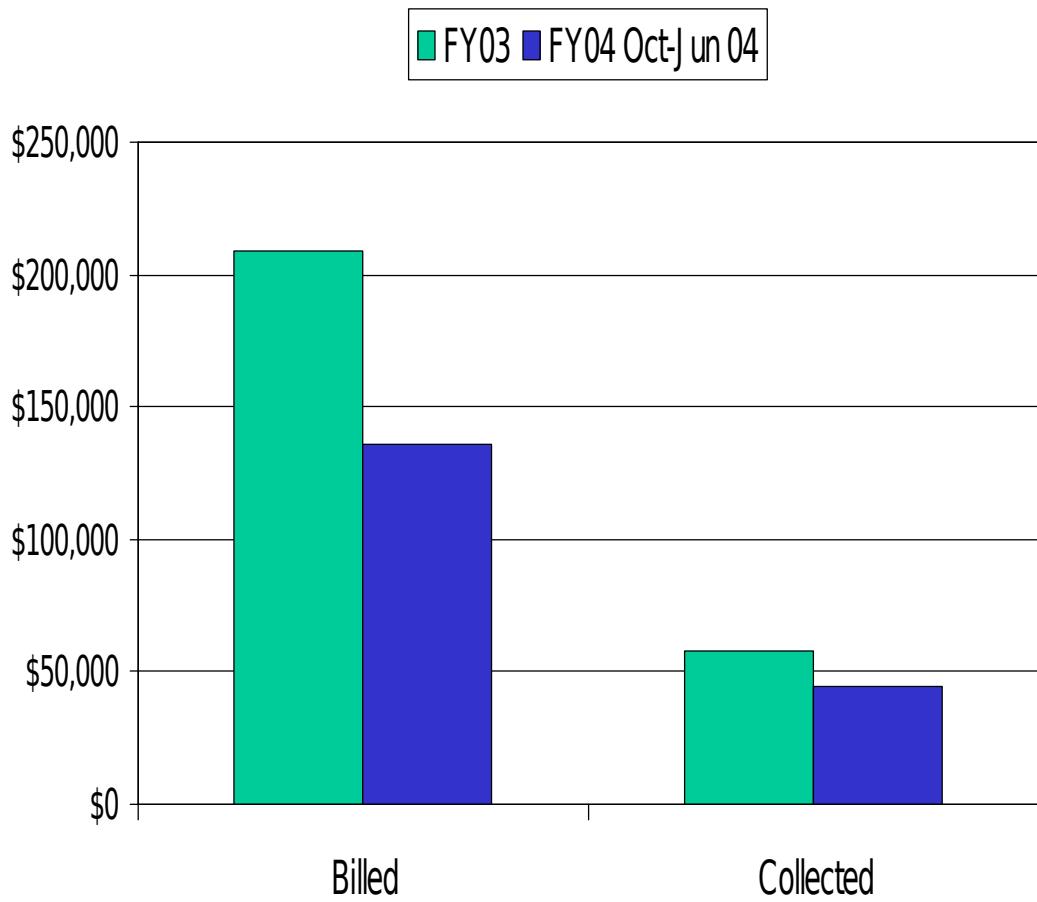
## New FY05 BP Targets

- To be determined in “Surgical Sub” roll-up based on
  - Increased Enrollment
  - ~~Mobility Taskings~~

|                                     | FY02 (Current LOE Baseline) | FY03 (FY05 LOE baseline) | FY04 (Projected) | Current FY04 Execution vs. FY03 (Overall) |
|-------------------------------------|-----------------------------|--------------------------|------------------|---|
| <b>Total RVUs</b>                   | 24,808                      | 21,314                   | 24,019           | 13%                                       |
| <b>Total RWPs (#Disp x Avg CMI)</b> | 500                         | 543                      | 467              | -14%                                      |

- If CMI increases 15-16% in FY05, FY03 LOE in total RWPs can be met at current number of dispositions
  - Civilian overhire inpatient coders (3)

# Urology Reimbursements FY03 vs. FY04



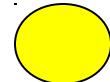
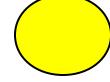
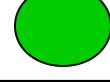
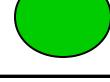
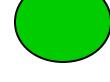
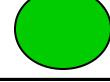
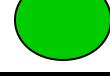
- Bill to Collection Ratio
  - FY03: 0.28
  - FY04: 0.33 (.30 for APVs & 0.33 for clinic visits)
- Billing less/month than FY03; monthly Bill Rate:
  - FY03: \$17K/mo
  - FY04: \$13K/mo (-23%)
- Lower OHI Rates; esp TP?

 \$44,825 collected  
as of Jun 04

# Urology Clinic Initiatives

- Start men's health briefing to educate patient before being seen by a provider (Group?)
  - Currently, too much time taken during regular appointments for patient education
- Create prostate follow-up clinic
  - Will increase patient access and free up other slots for non-routine follow-up appointments
- Start using patient wait list for 3, 6 and 12 month follow ups
  - Better customer access and less appointment line traffic.

# Urology Stoplights

| <b>Area Reviewed</b>            |   |
|---------------------------------|---|
| Health of GME Program           |    |
| Manpower/Staffing               |    |
| Access to Care (Specialty Care) |    |
| Use of Templatized Appointments |    |
| Visits over Time                |   |
| PRIME Containment               |  |
| Market Share                    |  |

| <b>Area Reviewed</b>                 |   |
|--------------------------------------|---|
| Recapture Opportunity                |    |
| Data Quality                         |    |
| Productivity vs. Civilian Benchmarks |    |
| Total RVUs vs. BP Target             |    |
| BP Performance Oct-Apr 04            |   |
| Proj. BP Performance (New Targets)   |  |
| Clinic Involvement                   |  |

# Urology Issues

- Provider Staff: Inadequate #
  - Impact: loss of patients to private sector care
- Support staff:
  - MAPPG06 earned 1 nurse, 2 urology techs, and 2 admin techs
    - Received in final roll-out: none
  - Short 2 Urology Techs, losing a 3rd and possibly 4th in 2 months
  - Admin support: more 4As needed maximize productivity
  - 1 RN inadequate: Telephone triage, pre op teaching and post op care
- Space:
  - Waiting area shared with General surgery (GS) and not large enough
  - Vacated staff office used for equipment storage is being loaned to GS for MD office
    - Need equipment storage room
  - Only 5 dedicated exam rooms for staff doctors
    - Not enough room for 3 staff doctors to see clinic and be efficient.

# Urology

## Next Steps

- Step 2
  - Follow-up: Week 23-27 Aug 04 (Wed or Thursday mornings)
- Step 3
  - Projected WHMC/BAMC Brief: 7-10 Sep 04



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